IT	CHEDULE A (FEC Form 3 ) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 87 (check only one)  X 11a 11b 11c 11d 11d 12 13a 13b 14 15	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Northup for Congress				
Α.	Full Name (Last, First, Middle Initial) Anuradha Manchikanti Mailing Address 305 Forest Ridge Driv  City Paducah  FEC ID number of contributing federal political committee.  Name of Employer Information Requested	State KY C		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	Receipt For: 2006  X Primary General  Other (specify) ▼	Pharmac Election C	cycle-to-Date ▼ 1000.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
3.	Full Name (Last, First, Middle Initial) Sharada Pampati Mailing Address 90 Martin Circle			Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y	
	City	State Zip Code		Transaction ID: 51011.C36530	
	Paducah  FEC ID number of contributing federal political committee.	C	42001	Amount of Each Receipt this Period	
	Name of Employer Information Requested  Receipt For: 2006  X Primary General  Other (specify) ▼	Occupation Housewith		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
<b>D</b> .	Full Name (Last, First, Middle Initial) Mark Boswell			Date of Receipt	
	Mailing Address 33005 Canterbury Road			09 15 2005	
	City	State	Zip Code	Transaction ID: 51011.C36532	
	Avon Lake  FEC ID number of contributing federal political committee.	ОН	44012	Amount of Each Receipt this Period  1000.00	
	Name of Employer leavin Anesthesiologists	Occupation Physician		Receipt  Limit Increased Due to Opponent's	
	Receipt For: 2006  X Primary General  Other (specify) ▼	Election C	Cycle-to-Date ▼ 1000.00	Spending (2 U.S.C. 441a(i)/441a-1)	
SUBTOTAL of Receipts This Page (optional)					
TOTAL This Period (last page this line number only)					